

United States District Court  
for the Western District of Pennsylvania

CHRISTOPHER M. MILLER  
PETITIONER

CIVIL ACTION - LAW

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GREGORY DEBAUER, WARDEN case no. 1:20-CV-160 ERIE  
ED WARMBRODT, DEPUTY WARDEN  
MAIT GUESSENBURY - COMMISSIONER  
JOE DAGHUR - COMMISSIONER  
FRITZ LECKER - COMMISSIONER  
TODD CALTAGARONE - SHERIFF  
TOM COPPOLA - DISTRICT ATTORNEY  
INDIVIDUALLY AND OFFICIAL CAPACITY  
RESPONDENTS

**FILED**

JUL 13 2020

CLERK U.S. DISTRICT COURT  
WEST. DIST. OF PENNSYLVANIA

PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT

1. I AM the PETITIONER in the above matter & because of my financial condition am unable to pay the fees and costs of PROSECUTING OR DEFENDING this action OR PROCEEDING.
2. I am unable to obtain funds from anyone, INCLUDING my family and associates, to pay the COST OF LITIGATION.
3. I REPRESENT THAT THE INFORMATION BELOW RELATING to my ability to pay the fees and costs IS TRUE & CORRECT.

a.) MY NAME IS. Christopher M Miller  
MY ADDRESS IS. EIK COUNTY PRISON P.O. BOX 448  
RIDGWAY PA 15853

b.) EMPLOYMENT:

if you are presently employed, State your

EMPLOYER. N/A. INCARCERATED.

Employer's Address: Self Employed

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

If you are presently unemployed, state:

Date of last employment: July 2019

Salary or wages per month: 1,200 a month

Type of work: CONSTRUCTION

c.) Please list any other income received within the past twelve months:  
(Write the gross amount (before taxes) per month that you received and the months you received this income.)

Business or profession: ~~0~~

Other self-employment: ~~0~~

Interest: ~~0~~

Dividends: ~~0~~

Pension and annuities: ~~0~~

Social security benefits: ~~0~~

Support payments: ~~0~~

Disability payments: ~~0~~

Unemployment compensation and/or supplemental benefits: \_\_\_\_\_

~~0~~

Workers' Compensation: ~~0~~

Public assistance: ~~0~~

Other: NA

d.) Other contributions to household support:

**(Write the gross amount (before taxes) per month that you received and the months you received this income.)**

(Wife) (Husband) Name: N/A

If your (wife) (husband) is employed, please state

Employer: N/A

Salary or wages per month: N/A

Type of work: N/A

Contributions from children: N/A

Contributions from parents: N/A

Other contributions: N/A

e.) Property owned:

Cash: ~~0~~

Checking Account: ~~0~~

Savings Account: ~~0~~

Certificates of deposit: ~~0~~

Real estate (including home): ~~0~~

Motor Vehicle: Make Chrysler, Year 2003,

Cost: 3,000 Amount Owed: ~~0~~

Stocks and bonds: ~~0~~

Other:                       
\_\_\_\_\_

f.) Debts and obligations:

Mortgage:                     

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

**(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)**

g.) Persons dependent upon you for support:

(Wife/Husband) Name: \_\_\_\_\_

Children, if any:

Name: Tyler Miller Age: 15

\_\_\_\_\_

\_\_\_\_\_

Other persons:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Date: July, 9<sup>th</sup> 2020

Christopher M Miller  
PETITIONER